



PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901

SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER VEHICLE INSPECTION FORM

*To be completed by County Health Officer or Designated Representative for all pumpers land applying septage.
Use one form per vehicle for businesses with multiple vehicles.*

(please keep a copy with the vehicle)

SEPTIC TANK PUMPER VEHICLE INSPECTION			
Full Legal Name of Applicant:	Name of Business:	DEQ License Number: _____ or New Applicant	
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
County:	Phone Number:	Fax Number:	
YES NO (answer Yes or No to the following questions)			
Is the vehicle equipped with the spreading equipment required by ARM 17.50.811(10)? Specify: _____ Is the spreading equipment mounted on the vehicle? Specify: _____ If the applicant is required to screen septage before land applying, is the vehicle, or site, equipped with the proper screening equipment (ARM 17.50.811(9))? Specify: _____ Spreading equipment approved? YES <input type="checkbox"/> NO <input type="checkbox"/> Screening equipment approved? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
Make/Model of Vehicle: _____ Tank Size: _____			
I, _____ am the Health Officer or Designated Representative of the County. I certify that, based on the above inspection, the vehicle listed above is equipped with the proper spreading and screening equipment. SIGNATURE: _____ DATE: _____ TITLE: _____			

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